

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097530588**

FILING DATE
05 MAY 2000

APPLICANT(S) *Madhouse*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9	/						59						
10		1					60						
11		2					61						
12		2					62						
13	/						63						
14		1					64						
15		1					65						
16		1					66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24	/						74						
25	/						75						
26		2					76						
27		2					77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	12						TOTAL DEP.						
TOTAL CLAIMS	16						TOTAL CLAIMS						